



Jefferson County Parks Department
320 S. Main Street, Room 204
Jefferson, WI 53549

RELEASE AND VOLUNTEER ACKNOWLEDGMENT

I am performing volunteer services at a Jefferson County Park. I understand that as a volunteer I am not eligible for worker's compensation benefits if I am injured in performing volunteer services.

I will not undertake any act in connection with this service that I am not qualified to perform. I will not work with anyone who has not completed this form, and will immediately advise Jefferson County Staff if I am aware that any person working on this project has not done so.

I will obey any direction that I may receive from Jefferson County personnel to cease work or any particular practice. I realize that I am donating my time and efforts, and any materials provided by me, and will not be compensated.

I will work in a safe and reasonable manner and will **release, indemnify and hold harmless** Jefferson County, its officers, agents and employees from and against all claims, demands, losses or liability arising from my actions related to this volunteer service or injury incurred by me during volunteer service.

Signature

Print Name

Address

City, State & Zip Code

Phone Number

Email

Would you like to be contacted about other volunteer projects and opportunities in the Parks?

Yes

No

This release and acknowledgement applies to:

**Trail Building on the Glacial River
Mountain Bike Trails 2017 Season**

PARENTAL CONSENT If a volunteer is under the age of 18

I, _____ (**parent/guardian**) give my permission to

_____ (**son / daughter**) to volunteer with the Jefferson County Parks Department on the terms above, including the release, indemnity and hold harmless provisions, which are also applicable to me for my child's actions or injury incurred by my child.

Signature

Date

CONSENT FORM FOR PICTURES TO BE USED FOR EDUCATION AND MARKETING RELATED USES

I give my consent to use my photo in videotapes, film, photographs and recordings of me for Website, Facebook, print publications, brochures, press releases, direct mail and other uses by Jefferson County Parks Department.

In giving this consent, I release Jefferson County Parks Department, its agents and assigns from any liability for any violation of any personal or property rights which I might have in connection with such materials, and waive any right to approve accompanying written or narrative material.

I represent that I am 18 years of age or older, or if under the age of 18, I have my parent/guardian approval.

Name of Person

Date

Signature

Date

(Parent/Guardian Signature Required if under the age of 18)

(_____) _____

Phone Number